

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000060070

1. Entity Name

WE MUST BE DREAMING STABLE, INC



Principal Place of Business

5060 NW 124 WAY
CORAL SPRINGS, FL 33076

Mailing Address

5060 NW 124 WAY
CORAL SPRINGS, FL 33076



01302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

86-1102497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MILLER, FRED
5060 NW 124 WAY
CORAL SPRINGS, FL 33076

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000830965

02/28/08-00091-022 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME MILLER, FRED
STREET ADDRESS 5060 NW 124 WAY
CITY-ST-ZIP CORAL SPRINGS, FL 33076

TITLE VP
NAME KITCHMAN, ALAN
STREET ADDRESS 10720 LONDON ST
CITY-ST-ZIP COOPER CITY, FL 33026

TITLE T
NAME ADAMSKY, DOUGLAS
STREET ADDRESS 11441 NW 48 CT
CITY-ST-ZIP CORAL SPRINGS, FL 33076

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRED MILLER PRES. 2-15-08 (89)257-1721

Date

Daytime Phone #